



**CITY OF BRANSON**  
**110 W MADDUX ST, STE 200**  
**BRANSON, MO 65616**  
**PHONE: 417-337-8529**  
**FAX: 417-335-6042**

**APPLICATION FOR WATER AND/OR SEWER SERVICE**  
**COMMERCIAL PROPERTY**  
(PLEASE PRINT)

CORPORATION NAME \_\_\_\_\_ STARTING DATE OF SERVICE \_\_\_\_\_  
DBA NAME \_\_\_\_\_ FEIN # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
OWNER OR PRESIDENT OF CORP. \_\_\_\_\_ S.S.# \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

---

**Please complete the following information in full:**

**1. Are you the property owner \_\_\_\_\_ renter \_\_\_\_\_**

**2. Is the service at this location for:**

\_\_\_\_\_ **Business Location**      \_\_\_\_\_ **Irrigation Meter**      \_\_\_\_\_ **Other (Explain)**

**3. If you are the renter, please list the owner's name.**

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*I do hereby agree to pay all charges for water and/or sewer service at the above location as long as said service remains in my name. At which time I move out, I will notify the City of Branson to discontinue service in my name and will submit a new mailing address at that time.*

**PLEASE COMPLETE AND RETURN FOR OUR BILLING RECORDS.**  
**THANK YOU!**